

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*09/856815*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10	1		/			
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TOTAL IND.	/	↓	/	↓		
TOTAL DEP.	14	↔	12	↔		
TOTAL CLAIMS	15	[REDACTED]	13	[REDACTED]		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.				↔		
TOTAL CLAIMS				↔		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS